

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Cochise State _____ Local Registrar's No. _____
District or Township 185. R. 21 E. S. M. or Village _____
City St. David No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME John Oscar Curtis
(a) Residence, No. _____ (Usual place of abode) St. _____ Ward _____
(If non-resident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

| PERSONAL AND STATISTICAL PARTICULARS | | | | |
|---|----------------------------------|---|------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR or RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Single</u> | | |
| 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ | | | | |
| 6. DATE OF BIRTH (month, day and year) <u>June 29, 1883</u> | | | | |
| 7. AGE <u>17</u> | Years <u>2</u> | Months <u>2</u> | Days <u>2</u> | IF LESS than 1 day _____ hrs. or _____ min. |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer | | | | |
| 9. BIRTHPLACE (city or town) <u>St. David</u> (State or country) <u>Arizona</u> | | | | |
| 10. NAME OF FATHER <u>Samuel B. Curtis</u> | | | | |
| 11. BIRTHPLACE OF FATHER <u>Lacrosse</u> (State or country) <u>Wisconsin</u> | | | | |
| 12. MAIDEN NAME OF MOTHER <u>Ellen E. Hardner</u> | | | | |
| 13. BIRTHPLACE OF MOTHER <u>Dryden</u> (State or country) <u>Utah</u> | | | | |
| 14. Informant <u>S. B. Curtis</u> (Address) <u>Thacher Ariz.</u> | | | | |
| 15. Filed <u>April 25, 1900</u> <u>J. M. Christensen</u> Registrar. | | | | |

| MEDICAL CERTIFICATE OF DEATH | |
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| 16. DATE OF DEATH <u>April 27</u> | 19 <u>00</u> |
| Month | Day Year |
| 17. I HEREBY CERTIFY, That I attended deceased from <u>April 21, 1900</u> to <u>April 27</u> , 19 <u>00</u> , that I last saw him alive on <u>April 27</u> , 19 <u>00</u> , and that death occurred, on the date stated above, at <u>3 p.</u> m. The CAUSE OF DEATH* was as follows: <u>Pneumonia</u> (duration) _____ yrs. _____ mos. _____ da. CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ da. 18. Where was disease contracted if not at place of death? Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? (Signed) <u>Baker</u> , M. D. <u>Turnbstone</u> (Address) <u>Ariz.</u> * State the Disease Causing Death, or in death from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) 19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>St. David</u> 20. UNDERTAKER <u>By family</u> DATE OF BURIAL <u>April 28, 1900</u> ADDRESS _____ | |